



STATE OF UTAH
APPLICATION FOR CERTIFICATE OF REGISTRATION
AUTOMATIC FIRE SUPPRESSION & KITCHEN EXHAUST SYSTEMS

Rev. 8/24/2011

TYPE OF APPLICATION	NEW	RENEWAL	UPGRADE	5 YEAR RETEST	HE or CE No.
Applicants Name First _____ Middle _____ Last _____					
Home Address Do not use PO Box or Rural Route Number _____					
Mailing Address Number and Street or PO Box/City/State/Zip _____ Email Address _____					
Telephone _____ (xxx) xxx-xxxx Social Security Number _____					

Name of Firm _____	Firm's State H or C License Number _____
Address of Firm _____	Business Phone # _____
Email Address _____	

Date of Birth: _____	Age: _____	years	Sex:	M	F	Color of Hair: _____
Weight: _____	lbs	Height: _____	ft	_____	in	Color of Eyes: _____

Have you ever been convicted of any crime?	Yes	No
If "yes," indicate the date, type and location of the offense, the arresting agency, and the court disposition and sentencing information. (Use back of application)		
Have you lived in another State within the last five years?	Yes	No

READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION:	
I affirm that this application contains no misrepresentation or falsification and that the information is true and complete to the best of my knowledge and belief. I hereby understand and agree that a criminal history background check will be conducted on me and the information will only be used by the State Fire Marshal's Office to meet the requirements of Utah Administrative Code, R710-1-9.2.	
Signature _____	Date: _____

CHECK TYPE OF WORK PERFORMED			
<input type="checkbox"/> An individual who is engaged in the installation, modification, service, or maintenance of engineered and/or pre-engineered automatic fire suppression systems.			
<input type="checkbox"/> An individual who is engaged in service and maintenance only, of automatic fire suppression systems to include hydrostatic testing			
<input type="checkbox"/> An individual who is engaged in cleaning and service of kitchen exhaust systems.			
Have you passed the Utah Fire Systems examination with 70% or better?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Date: _____

Mail to: UTAH STATE FIRE MARSHAL, 5272 SOUTH COLLEGE DRIVE, SUITE 302, MURRAY, UTAH 84123-2611

Original Date		Renewal Date		Renewal Date		Renewal Date		Renewal Date	
Amount Paid		Amount Paid		Amount Paid		Amount Paid		Amount Paid	
Receipt #		Receipt #		Receipt #		Receipt #		Receipt #	
Date cert sent		Date cert sent		Date cert sent		Date cert sent		Date cert sent	